## BEST AVAILABLE CO

Effective November 10, 1998										38	× 9	Se (	
Γ	CLAIMS AS FILED - PART I									- SAITIT	<i>X</i> 7	0	7
H	(Column 1) (Column 2)							_	TYPE	L ENTIT	<b>r</b> Ol		R THAN L ENTITY
L	·	NUM	BER FILED		NUMBER	REXTRA		RATE	FEE		RATE		
Ľ	BASIC FEE								380.0	0	3	760.00	
Ľ	TOTAL CLAIMS	minus 20=			* 1	3)	1	X\$ 9=		7		- 4	
IN	NDEPENDENT	minus 3 =			*	<del></del>	1	X39=	-	_ OF	` <del> </del>	200	
Ν	MULTIPLE DEPENDENT CLAIM PRESENT						1 1	<b>A39=</b>			X78=	Elo	
	* If the difference in column 1 is loss than a second second							J	+130=		OF	+260=	1
	* If the difference in column 1 is less than zero, enter "0" in column 2										OF	TOTAL	25
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)											OTHE	RTHAN
A		CL	AIMS			Column 2) HIGHEST	(Column 3)	i 1 r	SMALL	ENTITY		SMALL	ENTITY
MENT /		AF	AINING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=	<del> </del> -	1	V70	
	FIRST PRES	ENTATIO	N OF M	ULTIPLE DE	PEND	ENT CLAIM		l ⊦		<del>                                     </del>	OR	7/62	
	• • •							L	+130=		OR	+260=	
	• . • .							AI	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Colui		X		olumn 2) IIGHEST	(Column 3)	I <b></b>			<u>:</u>	· •	
MENDMENT B		REMA AFT AMEND	ER	· .	PR	NUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	-	Minus	**		=		X\$ 9=		1_	X\$18=	FEE
4ME	Independent	*		Minus	***		=	⊢			OR		
_	FIRST PRESE	NTATION	OF MU	JLTIPLE DE	PEND	ENT CLAIM		$\vdash$	X39=		OR	X78=	
	•							Ŀ	130=		OR	+260=	
٠.		<b>(0</b> .1						AD	TOTAL DIT. FEE	-	OR	TOTAL ADDIT. FEE	
$\overline{\ }$		(Colun	MS I			dumn 2)	(Column 3)				-		• 1
		REMAII AFTE AMENDI	R MENT		NI PRE	UMBER VIOUSLY ND FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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ı If	the entry in colum		+	130=		OR	+260=	į					
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR .	TOTAL	
	he "Highest Num							ound i	IT. FEE <b>L</b> n the app	ropriate boy	in colu	DDIT. FEE <b>L</b> mo 1	
RM I	PTO-875												.
	1/98)						Р	atent a	nd Tradema	ark Office, U.S	. DEPA	RTMENT OF (	COMMERCE

Application or Docket Number